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‘Coping with our kids’: A pilot evaluation of a parenting programme delivered by school nurses

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***Abstract:** This article describes the content, delivery, evaluation and dissemination of a programme which, over a period of seven years, has been central to a mental health promotion strategy. The programme was the response of two school nurses to the devastating effects of mental health disorder on family life. They developed a practical and simple parenting programme, devised a four week course called ‘Coping with Our Kids’ based on the work of Carolyn Webster-Stratton (1992). A distinguishing element of the course has been its emphasis on groupwork, through which many parents have developed the commitment and motivation to strengthen their parenting skills. Extensive evaluation of the Webster-Stratton approach has shown greatly improved outcomes for children with behaviour and emotional problems (Scott et al, 2001 and Patterson et al., 2002).*

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Background

One in ten children has been reported as suffering a mental health disorder (Office for National Statistics, 1999). To put this in a human scale, one parent described the effect of this on family life:

The problems we are experiencing have been quite devastating, and our child is not yet five. Our worries for the future are immense.
(Mental Health Foundation, 1999, p.5)

There is evidence that antisocial behaviour in children is increasing and that it is strongly associated with maternal depression and parenting (Scott et al, 2001). Certainly, children's life chances are affected by poor parenting (DfES, 2003). Moreover, poor behaviour at school has a profound impact on a child's ability to do well and low attainment affects outcomes in adult life (DfES, 2003). Depression, alcohol and drug misuse, delinquency and criminal behaviour are all related to early emotional and behavioural problems (Rutter, 1996). In a 22 year study by Eron, peer aggression at the age of eight predicted the number of criminal convictions at age thirty (Heusman et al, 2002).

Living in poverty also affects children's well being. Children of the poorest households are three times more likely to have mental ill health than children who come from the most affluent circumstances (DoH, 1999b). Low family income is associated with an environment that is chaotic and stressful (Denham et al, 1990). Negative emotions are more likely to be expressed in families living in deprived circumstances (Dunn and Brown, 1994) and children are more likely to be depressed (Witthcomb, 1997). Children are also more likely to suffer attachment difficulties (Zeenah et al, 1998) and have difficulty coping with emotional stress (Bowlby, 1969). As a result there is a higher incidence of behaviour problems in children who live in economically deprived areas (Weinger, 2000).

Behaviour problems account for 30-40% of referrals to child mental health services and involve many agencies (Audit

Commission, 1999), yet fewer than 10% of young people who need treatment for conduct disorders ever receive it (Webster-Stratton, 2001). This has costly implications for society. Many of these young people are at risk of social exclusion, poor academic achievement and membership of anti-social peer groups (Webster-Stratton, 2001).

Mental health is a government priority target (DoH, 1999b, 2001) and the *National Service Framework for Mental Health* emphasises the development of effective interventions to promote mental health (DoH, 1999c). Children's mental health is an increasing concern and is a developing theme within the *Children's National Service Framework* (DoH, 2004). Parenting has been put at the heart of children's services because of its impact on a child's educational development, behaviour and mental health (DfES, 2003). Government policy has emphasised practical support for families which is based on action rather than rhetoric (Home Office, 1998). The challenging role of a parent has been recognised and the importance of early preventative work if a child is experiencing problems (Home Office, 1998). The death of Victoria Climbié has also had an impact on the Government's commitment to supporting and protecting children (DfES, 2003).

School nurses have been identified as key public health practitioners within the government agenda (DoH, 1999a), acting as the link between health and education in the school environment (While and Barriball, 1993). As part of their child-centred public health role, school nurses have facilitated parenting groups to improve children's emotional well being. In these groups, parents are helped to build on their strengths and learn new ways of communicating with their children. This anticipatory and preventative approach to mental health promotion is seen as one of the basic tenets of public health (Baggott, 2000). It is also recommended as best practice in the early intervention programmes which have been disseminated by the Department of Education (2001).

The philosophy of the programme

The underlying philosophy of the course is that parents are the best people to bring up their children and that parenting is a hard and difficult job that requires many skills. The facilitators of the course make it clear to parents that they are not experts and that all the members of the group can play their part in solving the individual difficulties which group members may be experiencing. Children are taught to share, respect others and take responsibility for their actions. Behaviour is seen as a choice and parents are taught how to use a system of rules, rewards and consequences.

It was decided that the Coping with Our Kids programme would use groupwork rather than one-to-one work for a variety of reasons. First, a group enables parents to 'rehearse new feelings and behaviours' together (Doel and Sawdon, 1999, p.25), so the group environment can facilitate change and development. Second, parents could develop a feeling of 'belonging' in the group, as part of the process of regaining their sense of personal empowerment. Parents commonly reported feelings of despair and isolation in dealing with the behaviour of their children and the group was an opportunity to be with others experiencing similar problems and challenges.

Based on the work of Carolyn Webster-Stratton, the programme applies the principles of positive parenting (Webster-Stratton, 1991), which themselves are based on warmth and praise. The Webster-Stratton parenting programme enables parents to learn how to play with their children, use praise and reinforcement, set age-appropriate limits and handle misbehaviour (Hughes and Gottlieb, 2004). It is 'the only group-based parenting programme with significant proven effectiveness' (Hughes and Gottlieb, 2004, p.1083).

Many parents complained of living in a highly tense, chaotic atmosphere which resulted in exhaustion, frustration and anger. They appreciated being able to assume appropriate control by learning and using behaviour management principles and techniques. For example, one parent who compared her existence to that of a slave decided to implement a reward strategy for household chores which involved small amounts of money. She displayed her system on a large poster in her kitchen and she

reported that it led to a more relaxed, ordered atmosphere in the home with more respectful relationships. Her two sons developed an insight into their mother's situation and began to offer her assistance without the usual demand for financial reward. This change in the dynamics of the relationship was sustained over four years and was reported with relish to the school nurse throughout the boys' secondary education.

So, the programme allows parents to direct their energies toward solving their own problems and learning new skills which leads to an increase in the parents' self-worth (Webster-Stratton and Herbert, 1996). This process is facilitated by a group, in which members can provide mutual aid to generate solutions.

Research methodology

Principles of action research underpinned the development and evaluation of the programme. Action research requires a questioning and participatory approach (Meyer, 1993). Research data was collected by the programme team and the results fed back into the programme in a continuous improvement loop, with the school nurses (group leaders) acting as catalysts for change in attitude and behaviour.

Participants continue to be involved at every stage of the action research process and are seen as equals in the relationship with the researcher (LeMay and Lathlean, 2001), which fits within the egalitarian philosophy of the parenting programme. In fact, the process of assessing the needs of vulnerable groups, responding to them and measuring progress, fits within the action research cycle. The combination of enquiry, intervention and evaluation underpins this style of research (Hart and Bond, 1995).

The practical evaluation was carried out by members of the programme team. The teams consist of school nurses. Twenty school nurses in Sheffield have been trained in the techniques and are organising sessions. 87 questionnaires were completed over the course of 15 programmes for the evaluation. The quantitative data was supported by qualitative evaluation through reflection on practice by the author.

Questionnaires

Questionnaires were used to evaluate the course. They enable all members to have an equal voice and to reflect in an atmosphere of 'soft silence' (Doel and Sawdon, 1999, p.142). They were completed by every parent during the first session and then again at the end of the programme. It was explained that the questionnaires were confidential but would be used to direct the content of the course. We hoped that this encouraged parents to be honest and specific about their child's behaviour.

The questionnaire was designed by the school nurses responsible for the project. It looked at sixteen aspects of behaviour which commonly concerned parents. A consultant paediatrician worked in partnership with the nurses to design the measure.

Parents were asked to rate characteristics of their child's behaviour, such as temper tantrums and aggression towards parents. They 'scored' 16 characteristics of their child's behaviour on a scale of 1 to 5 (1 = not at all present to 5 = occurs all the time).

In total, 87 parents completed both pre- and post-questionnaires from groups that took place over a one year period. All parents in the selected groups completed the questionnaire as it became an integral part of the course.

The parenting programme

History

The 'Coping with Our Kids' programme was delivered by school nurses and was originally designed to be universally available through schools. Altogether, over the last seven years, approximately 70 school nurses have been trained to use the programme. Their training was cascaded through the experienced facilitators who also supervised them. The project began in January 1998 and is now taking place in about 15 primary schools in an inner city. It was promoted as being non-judgemental and non-stigmatising. This 'normalising' of parenting support and

education is seen as an important part of mental health promotion (Mental Health Foundation, 1999). As the programme became more widely disseminated, groups were convened in a variety of settings such as GP surgeries, community venues, libraries, and social services buildings.

Membership

The courses involve recruiting parents to a group, with about six to ten parents in each group. As this can be problematic for parents who are having problems coping, a variety of strategies have been used to encourage parents to attend. Coffee mornings, posters and leaflets have produced the best results. In some schools, learning mentors have been crucial in breaking down the stigma in attending a group. The learning mentors have been appointed to help children and young people overcome barriers to learning and part of their remit is to support parents' involvement in their child's learning (DfES, 1999). Co-leadership of the groups with learning mentors in many instances enhanced the inclusive quality of the groups and its potential for change. As learning mentors are attached permanently to schools, the potential for follow up work was greatly increased.

Fathers are also welcomed to groups but their numbers have always been in the minority. Where fathers have attended, they have contributed significantly to the dynamics of the group. Some fathers were subjected to harsh discipline as children and found it difficult to relate to their children because of this. Within the group setting, it became safe to challenge attitudes and behaviour. The result for some men was a fundamental shift in the way they managed their children's behaviour. One father of a child with an attention disorder felt it safe to cry during a group because of his intense frustration with his child's unmanageable behaviour. This family was referred to the mental health team and family support service for extra help and benefited greatly from a multi-agency approach.

More recently, groups have been formed specifically for foster carers. These have proved highly successful and are seen as part of the initiative to improve outcomes for looked-after children (those

children whose care is the responsibility of the local government). In often complex family situations, practical strategies have worked well to help children feel secure and valued. A seven year old boy with special needs was competing for attention in his foster family and often locked in battle with the couple's four year old. Through sticker charts, rewards and praise, both children received positive reinforcement for their cooperation with each other and their relationship improved as a result.

Programme content

Whilst the ideas of Webster-Stratton underpinned the programme, its design was entirely original. The original authors took part in training by Carolyn Webster-Stratton but adapted her principles to suit the delivery of the programme in schools. It was intended to be brief and easy to manage for parents. Typically parents described their children's disobedience, aggression and tantrums. Parents commented on their children copying bad behaviour, always fighting, 'wanting attention twenty four hours a day' and liking their own way a lot of the time. Some parents could think of nothing positive to say about their children and were 'at the end of their tether'. The primary purpose of the group was to inculcate a sense of enjoyment and optimism in the parents for their children.

The first session of the course involves looking at individual past experiences of the group and how the members were parented themselves as children. The reason for this initial focus is the undoubted link to their current parenting practice. Group members talk in pairs about their past experiences and this is fed back to the larger group. This helps develop relationships and trust within the group. It can be a challenging task as many people attending the course are unfamiliar with groupwork and some people have very negative experiences of parenting. Whilst acknowledging these experiences, group leaders maintain a focus on the positive aspects of the course and encourage participants to direct their energies to develop their own parenting abilities. All group members are encouraged to contribute to the discussion in order to increase confidence and involvement.

During the first session parents are given practical ideas about discipline and ways in which to talk to children. They discuss what they like about their children and what 'drives them mad', and are given some simple behavioural strategies. The emphasis in this activity is for parents to set their own agenda and become involved in the creative process of behaviour management, with particular emphasis on rewarding good behaviour. This can be achieved in many ways, but especially with praise.

Parents with younger children are encouraged to use stickers and charts to monitor behaviour. These are usually highly successful and reinforce approaches that are often used in schools. Children of primary school age (five to eleven year olds) are more likely to respond to tangible positive reinforcement than older children who need a more sophisticated rewards system. Rewards are not items that cost a great deal of money but instead may be, for example, time spent together baking or going to the park. To achieve greatest success all those involved in looking after a child should follow the programme, including fathers who may live away from the family home, grandparents, aunts, uncles and family friends. This occasionally caused conflict but sometimes proved highly successful in improving family relationships by providing a common purpose and sense of achievement. The majority of parents in the groups understood the importance of consistency in managing a child's behaviour and were proactive in educating the child's close contacts about the programme.

Parents' feelings

Anger is a typical response of many parents to their children. They are often frustrated by their child's behaviour and their own lack of control. Helplessness typically accompanies the anger (Webster Stratton and Herbert, 1996). The programme helps parents to develop an insight into the effect on their children of these feelings and consequent behaviour. Group leaders discuss pleading, angry and assertive ways of behaving and use role play, such as getting a reluctant five year old to bed. The group is encouraged to focus on the positives, to look at strengths, to express positive feelings about their children and make positive

statements about themselves.

One parent described her daily frustration at her daughter's rudeness and disobedience. This was exacerbated by her isolation and lack of support due to her partner's long imprisonment for a serious crime. Often she reached crisis point and ended up smacking her daughter. Through her engagement in the group, she learnt how to manage her daughter's behaviour without resorting to physical punishment and commented how she had stopped smacking her. As a result her relationship with her daughter improved to the extent that she began to enjoy parenting.

Parents can feel overwhelmed if they tackle many issues at once, so concentrating on one behaviour at a time is preferable, with the parents developing their own plans and keeping to them. Sanctions should be related to the type of misbehaviour and appropriate for the age of the child, and they should always be carried out. For some parents the supposedly simple plan of not shouting for a week signalled a major change in their interaction with their children and had a profound effect on relationships within the family. Some parents commented on how they began to notice others shouting at children and how it made them feel.

Making links outside the group

The group leaders also collaborate with parents by working together at home to make the changes to their real life situation, using the work already familiar from the group (Webster-Stratton and Herbert, 1996). The parents set their own tasks and rewards for themselves and their children individually. Once back in the group, these are collated on a flip chart. Flipcharts 'placed in a position where all can see and have access' are very democratic tools (Doel and Sawdon, 1999, p. 145). The feedback from homework serves as a powerful stimulus for discussion in subsequent sessions.

Family meetings

The idea of family meetings is introduced in session three of the group. These are based on the work of Michael and Terri Quinn

(Quinn and Quinn, 1996) and they encourage children to be involved in making suggestions and problem solving difficulties, recognising that families often do not get the opportunity to sit down together and work things out. Children as young as two or three are encouraged to participate in family meetings, in order to gain a perspective of the world from the child's point of view.

Sometimes family rules and responsibilities are discussed and reviewed at the next meeting. Conflict about who does the washing up, tidies the rooms or cooks the tea can be resolved by problem solving together. Discord in relationships can also be tackled in a considered way. One parent described how much her relationship with her son improved as a result of having regular meetings. He was able to say how he felt about his relationship with his stepfather and the atmosphere in the home improved as a result.

The final group session concentrates on the concept of self-esteem. Parents discuss how to encourage their children to feel valued and respected. The steps on a ladder are used to visually illustrate this process. At this stage of the group, parents have many suggestions including praise, time, quiet conversations, listening, cuddles, and playing. This exercise often involves parents in using different, more positive language about their children.

Group techniques

Many parents had never attended a group and needed to feel secure within it. For this reason, the programme was fairly tightly structured. Groundrules were established to help create a trusting, participative environment. They included an emphasis on listening to each other, keeping confidentiality, respecting each other's point of view and allowing one another to express feelings. Groundrules provide a safe framework at times of anguish and frustration, providing a safety net for parents to take risks, such as acknowledging feelings of inadequacy and anger without fear of criticism. The importance of groundrules is well documented (Doel and Sawdon, 1999).

An experiential learning approach was used throughout the

sessions. Through discussion and reflection, experiences can be analysed using a specific framework and applied to other situations (Jaques, 2000). This encouraged active learning which parents could apply to their own context. At first, parents were reluctant to share their difficulties, but techniques such as warm-up exercises and brainstorming activities, helped parents to discuss their experiences, beliefs and viewpoints. Parents often became more open and trusting as the programme developed. These communication skills are vital in groups to 'build support, foster belonging, challenge obstacles' (Doel and Sawdon, 1999, p. 165).

Attendance was encouraged through a group contract emphasising that this was a short intervention and that missing a session interrupted continuity. Commitment to the course was strengthened through reinforcement and praise. After each session, the idea of 'something to try at home' was introduced. This included simple tasks such as saying something nice to a child, smiling at a child, hugging them, spending 15 minutes doing something both enjoy. These positive behaviours had a dramatic effect on some parenting styles. Parents commented on having fun with their children for the first time in months or years. They were also encouraged to reward themselves if they achieved success by giving themselves a tick or star and by making time for themselves. This contributed to a sense of value and respect for the difficult job of parenting. Having the group to report back to was an important aspect of this success.

Each session was carefully planned in terms of aims, objectives and activities. However, the sessions were designed to allow free discussion and opportunities to problem solve individual difficulties as they arose. A flexible, non-argumentative approach was encouraged which enabled parents to find their own solutions. The group was used to encourage personal sharing and steady progression. Group facilitators helped parents recognise their individual connections. In this way a 'system of mutual aid' was constructed (Shulman, 1984, p.163).

School nurses became skilled in directing the group in a positive direction without stifling 'free expression' or galloping 'from task to task' (Doel and Sawdon, 1999, p.89). This involved

finding a balance between covering the content of the programme and allowing the group to generate the material. As a result, every group developed its own characteristics and dynamics. Some participants found this an intensely empowering experience which affected their hopes and aspirations for the future. The commonality of being a parent enabled individual differences to be forgotten and relationships within groups developed through shared goals.

Discussion of results

The questionnaire data were analysed using non-parametric statistics. The Wilcoxon Signed Rank Test was used to determine the extent of difference between parent perceptions as recorded by questionnaire prior to the course and those obtained afterwards (Wilcoxon and Wilcox, 1964).

The results of the questionnaire are summarised in Table 1.

The programme was highly successful and had a dramatic effect on children's behaviour. It improved 15 out of 16 aspects of behaviour. The most extensive changes were seen in children having temper tantrums, children 'winding parents up' and whining, being demanding on parents' time, continually interrupting, being difficult at bedtime and defiant when asked to do something. These improvements indicate calmer, more respectful relationships as a result of the course. Less noticeable, but still significant, improvements occurred in children shouting, being slow to get dressed, being difficult at mealtimes and watching television. It may be that these behaviours were tolerated more by parents as communication with children improved.

The behaviours can be grouped into those that directly affect the parent-child relationship (P), those that are child centred (C), and those which are cannot be easily associated with either, i.e. they are non-specific (N). (See Table 2.)

When behaviours are categorised in this manner it can be seen (Table 3) that all those behaviours showing extensive improvement fall into the parent-child category, and that those showing only moderate improvement were all of the non-specific category

Table 1
Change in behaviour

<i>Area of child's behaviour</i>	<i>Change</i>	<i>Significance</i>
Short attention span	Improved	Z=-3.96, p<0.01
Temper tantrums	Improved	Z=-3.20, p<0.01
Aggression	Improved	Z=-4.29, p<0.01
Fighting with siblings	Improved	Z=-3.78, p<0.01
Winding parents up	Improved	Z=-5.71, p<0.01
Demanding parents' time	Improved	Z=-3.80, p<0.01
Whining	Improved	Z=-2.76, p=<0.01
Interrupting	Improved	Z=-4.54, p<0.01
Shouting	Improved	Z=-4.67, p<0.01
Slow to get dressed	Improved	Z=-4.11, p<0.01
Difficult at mealtimes	Improved	Z=-2.41, p< 0.05
Difficult at bed time	Improved	Z=-3.58, p<0.01
Defiant	Improved	Z=-3.75, p<0.01
Always watches TV	Improved	Z=-2.12, p<0.03
Wets the bed	Improved	Z=-2.50, p< 0.05
Has nightmares	no change	Z=-0.38, p=0.71

. Of the four child-centred behaviours three show significant improvement but one showed no-change. The improvement in bed wetting may be attributed to greater knowledge and understanding of this aspect of child care. Parents often discussed problems such as bed wetting in the groups and gained advice and support from each other. Facilitators also used strategies such as charts and stickers to help parents adopt a positive approach to issues like bed wetting. In contrast, problems like nightmares are probably amongst the most deep-seated behaviours and the least susceptible to change through this kind of programme.

Much of the attributing of the improvement in behaviour is based on parent perception which may help to explain why they perceived that the most extensive improvements were felt in those behaviours affecting their relationship with their children, whilst the most moderate change were in those behaviours least specific and which parents therefore found hardest to measure.

In the absence of any controls and a normal distribution of

Table 2
Categorising behaviour

<i>Area of child's behaviour</i>	<i>Category</i>	<i>Level of Improvement</i>
Temper tantrums	P	Extensive
Winding parents up	P	Extensive
Demanding parents' time	P	Extensive
Whining	P	Extensive
Interrupting	P	Extensive
Difficult at bed time	P	Extensive
Defiant	P	Extensive
Shouting	N	Significant
Slow to get dressed	C	Significant
Difficult at mealtimes	P	Significant
Always watches TV	C	Significant
Wets the bed	C	Significant
Short attention span	N	Moderate
Aggression	N	Moderate
Fighting with siblings	N	Moderate
Has nightmares	C	No change

Table 3
Cross Tabulation of behaviour category by improvement

	<i>Extensive</i>	<i>Significant</i>	<i>Moderate</i>	<i>No-Change</i>
<i>P</i>	7	1		
<i>C</i>		3		1
<i>N</i>		1	3	

data, it was assumed that these changes were exclusively a result of the programme. However, it is always difficult to ascertain which changes are specifically related to the intervention. The group process was not formally evaluated, as it was felt that many parents would have found it difficult to articulate how they felt about this concept, but with hindsight this is an area we could also consider evaluating formally. However, informal evaluation was valuable, in the form of the high level of engagement in groups,

the regular attendance and the frequent requests to continue meeting in some form. Parents, themselves, indicated that their parenting skills improved.

In some schools continued support for parents has evolved from parenting groups. This has taken the form of weekly coffee mornings, often facilitated by learning mentors. Some participants have felt empowered through these discussions to go to college or pursue a leisure interest. However, the long-term effects of the programme have not been measured and more research is needed into the sustainable effects of the programme.

Conclusion

The experience of about 40 'Coping with Our Kids' groups suggests that groupwork is an excellent medium for parents who are experiencing difficulties with their children to improve these relationships in practical and meaningful ways. Parents who have come to the group feeling powerless, frustrated and angry, have been able to transform their relationships with their children, even though the group has met for just four sessions.

The use of group processes has been crucial to this success. In addition to the way in which a group can facilitate parents to learn from one another, the establishment of groundrules to encourage mutual trust and respect, and a flexible structure to permit discussion which is focused on the particular group of parents has been important. So, too, has the opportunity for parents to rehearse difficult situations, try new behaviours out at home, then return to the group for support and encouragement. There are also indications that groupwork is more efficient than one-to-one work (Webster-Stratton and Herbert, 1996), though the time taken to plan, lead and evaluate these groups should not be underestimated.

'Coping with Our Kids' groups can give parents hope for the future. School nurses, too, are ideally placed in their communities to facilitate these changes and have shown how these groups can normalise parenting difficulties rather than problematising them. We need to do more work to consider the long-term effects

of these groups, but can feel confident that they are having a significant impact on the lives of the parents and children which they touch.

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